

CLAIMS AS FILED - PART I

Application or Doctor Number

10766 491

(Column 1)		(Column 2)		SMALL ENTITY		OTHER THAN SMALL ENTITY	
FOR	NUMBER FILED	NUMBER EXTRA		RATE	FEES	RATE	FEES
BASIC FEE (37 CFR 1.16(b))					\$ _____		
TOTAL CLAIMS (37 CFR 1.16(c))	20	minus 20 =			X \$ _____ =		
INDEPENDENT CLAIMS (37 CFR 1.16(d))	2	minus 3 =			X 1 _____ =		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(e))				TOTAL		TOTAL	

If the difference in column 1 is less than zero, enter '0' in column 2.

* If the difference in column 1 is less than zero, enter '0' in column 3.

CLAIMS AS AMENDED - PART II

(Column 1)		(Column 2)		(Column 3)		SMALL ENTITY		OR		OTHER THAN SMALL ENTITY	
AMENDMENT A	3/15/06	CLAIMS REMAINING AFTER AMENDMENT-		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI TIONAL FEE	RATE	ADDI TIONAL FEE	RATE	ADDI TIONAL FEE
	Total (1) CFR 1.16(b)(1)	72	Minus	20	=						
	Independent (1) CFR 1.16(b)(1)	1	Minus	3	=						
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (1) CFR 1.16(i)(1)											
						X \$ _____ =		X \$ _____ =		X \$ _____ =	
						X \$ _____ =		X \$ _____ =		X \$ _____ =	
						X \$ _____ =		X \$ _____ =		X \$ _____ =	
						TOTAL ADDL FEE		TOTAL ADDL FEE		TOTAL ADDL FEE	

		(Column 1)		(Column 2)		(Column 3)		(Column 4)	
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI TIONAL FEE	RATE	ADDI TIONAL FEE
AMENDMENT 8	Total (1) CFR 1.161(b)		Minus	---	:	X 1 =		X 1 =	
	Independent (2) CFR 1.161(b)		Minus	---	:	X 1 =		X 1 =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (2) CFR 1.161(b)									
		(Column 1)		(Column 2)		(Column 3)		(Column 4)	
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI TIONAL FEE	RATE	ADDI TIONAL FEE
OR	Total (1) CFR 1.161(b)		Minus	---	:	X 1 =		X 1 =	
	Independent (2) CFR 1.161(b)		Minus	---	:	X 1 =		X 1 =	
TOTAL ADDL FEE									

AMENDMENT C	(Column 1)		(Column 2)		(Column 3)			
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
Total 37 CFR 1.15(c)(1)	•	Minus	••	=				
Independent 37 CFR 1.15(b)(1)	•	Minus	•••	=				
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM 37 CFR 1.15(d)(1)								
• If the entry in column 1 is less than the entry in column 2, write '0' in column 3								
•• If the 'Highest Number Previously Paid For IN THIS SPACE' is less than '0', write '0'								
••• If the 'Present Extra' is less than '0', write '0'								
					X \$ ____ =		X \$ ____ =	
					X \$ ____ =		X \$ ____ =	
					X \$ ____ =		X \$ ____ =	
					4 \$ ____ =		4 \$ ____ =	
					TOTAL ADDL. FEE		TOTAL ADDL. FEE	

If the entry in column 1 is less than the entry in column 2, write '0' in column 2.

** If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter 20.

The Highest Number Previously Paid For IN THIS SPACE is less than 3, enter 3.

The Highest Number Previously Paid For (Total or Individually) is the highest number found in the appropriate collection of information.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and to, the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case, for example, on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the United States Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, or to the Small Business Office, U.S. Patent and Trademark Office, 401 M St. SW, Washington, DC 20591-0001. The Office of Management and Budget (OMB) has assigned a OMB Control Number 0651-0036 to this collection.